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## IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office  
Art Unit: 2821  
Examiner: Ephrem Alemu

DATE: August 9, 2005

FROM: Lawrence J. McClure

TIME: \_\_\_\_\_

TOTAL NO. OF PAGES, INCLUDING COVER: 16

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### MESSAGE:

RE: U.S. Patent Application Serial No.: 10/735,024; Our Ref. 81716.0116

I hereby certify that the following documents:

- Amendment/Amendment Transmittal Letter/Petition for Extension of Time (2 months)

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

August 9, 2005  
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Diane Zynn

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TELECOPY/FAX NUMBER: (571) 273-8300

CLIENT NUMBER: 81716.0116

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: (please return fax to Diane Zynn)

WLA - 817160116 - 243604 v1

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FORM PTO-1083

Attorney Docket No. \_\_\_\_\_

Patent Application No. \_\_\_\_\_

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Takanori IKUTA, et al.

Serial No: 10/735,024

Confirmation No.: 3505

Filed: December 12, 2003

For: SURFACE-MOUNT TYPE ANTENNA AND ANTENNA APPARATUS

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Art Unit: 2821

Examiner: Ephrem Alemu

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August 9, 2005

Date of Deposit

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Name

Signature

08/09/05  
Date

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	11	-	20	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	1	-	3	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
Independent Claims: 1					TOTAL	\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge the fee of \$\_\_ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ Please charge the fee of \$ 450 for the extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure

Registration No. 44,228

Attorney for Applicant(s)

Date: August 9, 2005

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